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Bib Data Sheet

CONFIRMATION NO. 8316

SERIAL NUMBER 10/650,618	FILING DATE 08/28/2003 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 2003P08376US.
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APPLICANTS

Sundar G. Babu, Bangalore, INDIA;
 Charles D. Emery, Renton, WA;
 Neerja Baru, Snoqualmie, WA; Sankaralingam Ramraj, San Jose, CA;
 Scott T. Luan, Woodhaven, NY;

** CONTINUING DATA ***** *N.D. (None)*

** FOREIGN APPLICATIONS ***** *N.D. (None)*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/19/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> Examiner's Signature	STATE OR COUNTRY INDIA	SHEETS DRAWING 4	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 6
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ADDRESS
 00757
 BRINKS HOFER GILSON & LIONE
 P.O. BOX 10395
 CHICAGO, IL
 60610

TITLE
 Diagnostic medical ultrasound system having method and apparatus for storing and retrieving 3D and 4D data sets

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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